

CITY OF HARTFORD

OFFICE OF HUMAN RELATIONS

550 Main Street, Hartford, CT 06103

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REQUEST FOR RE-CERTIFICATION BY THE CITY OF HARTFORD AS A MINORITY OR WOMAN BUSINESS ENTERPRISE

NAME OF COMPANY: _____
STREET ADDRESS: _____
CITY/TOWN: _____
TELEPHONE NUMBER: _____

1. Has there been any ownership change in the people and/or in their proportion of ownership in this company during the last two years?

Yes ____ No ____

2. Has there been any change in the positions held by persons as owners; officers, or directors of this company in the last two years?

Yes ____ No ____

3. Has the company changed its address or location during the last two years?

Yes ____ No ____

4. Has there been any change that has affected the minority or woman ownership, control of operations, or beneficial interest in the company during the last two years?

Yes ____ No ____

PLEASE SUBMIT WITH THIS FORM COPIES OF THE COMPANY'S FEDERAL INCOME TAX RETURN FOR THE LAST TWO (2) YEARS.

IF THIS COMPANY REQUIRES A STATE LICENSE TO OPERATE, PLEASE SUBMIT A COPY OF THE CURRENT LICENSE.

By signature below, it is my understanding that any misrepresentation or misstatements in this request for re-certification and/or in the original submittal for certification may, and can result, in the rescinding of certification and in any contracts with the City of Hartford.

SIGNATURE: _____ NAME: _____

TITLE: _____ DATE: _____